

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
Received
Official Use Only

2/17/15

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodard Rita A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Tulare County

Division, Board, Department, District, if applicable

Your Position

Auditor-Controller/Treasurer/Tax Collector/Registrar of Voters Auditor-Controller/Treasurer/Tax Collector/Registrar

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attachment

Position: See attachment

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of Tulare

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2014, through the date of leaving office.

☒ Assuming Office: Date assumed 01 / 05 / 2015

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate: Election year 2014 and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

221 S. Mooney Blvd. Room 101-E

Visalia

CA

93291

DAYTIME TELEPHONE NUMBER

(559) 636-5200

E-MAIL ADDRESS

rwoodard@co.tulare.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/13/2015

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

Date: 2/11/2015
Period: Jan 1, 2014 through December 31, 2014

1) AGENCY:			POSITION:	FILE WITH:
Tulare County Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters			Tulare County Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters	Clerk BOS, Elections
Tulare County Treasury Oversight Committee			Committee Member - Auditor	Clerk BOS, Elections, ATR Secretary
Tulare County Defined Contribution Plan			Plan Administrator, Committee Member	Clerk BOS, Secretary*DC Plan
Tulare County Financial Advisory Committee			Committee Member - Auditor	CAO Secretary
Tulare County Board of Retirement			Trustee - Treasurer	TCERA
Tulare County Public Facilities Corporation			Board Member	Clerk BOS, CAO Secretary
Tulare County Auditor-Controller/Treasurer/Tax Collector			Elected Official	Elections, FPPC
Candidate, June 3, 2014 Election - Tulare County Auditor-Controller/Treasurer/Tax Collector			Candidate	Elections, FPPC

COVER PAGE

Filed Date: 02/05/2016 04:36 PM
SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodard Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Tulare

Division, Board, Department, District, if applicable

Your Position

Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters Auditor-Controller

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Tulare

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is 01 / 01 / 2015, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

221 S. Mooney Blvd., Room 101-E

Visalia

CA

93291

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(559) 636-5200

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/05/2016 04:36 PM

(month, day, year)

Signature Electronic Submission

(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right;">Rita Woodard</div>

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/15 - 12/31/15

Name

Rita Woodard

SCHEDULE D

Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*

Great-West Life & Insurance Company

ADDRESS *(Business Address Acceptable)*

8515 East Orchard Road, Greenwood Village, CO 80111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retirement record keeping services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 30 / 15	\$ 120	dinner & entertainment @ annual NAGDCA Conference
/ /	\$	
/ /	\$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

AMENDMENT

COVER PAGE

Filed Date: 02/09/2017 02:14 PM
SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodard Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
County of Tulare
Division, Board, Department, District, if applicable Your Position
Auditor-Controller/Treasurer-Tax Collector Auditor-Controller
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: SEE ATTACHED LIST Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of Tulare
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is ____/____/____, through December 31, 2015.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☒ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached
-or-
☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
221 S. Mooney Blvd., Room 101-E Visalia CA 93291
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(559) 636-5200

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/09/2017 02:14 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Rita Woodard	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15

SCHEDULE D

Income – Gifts

► NAME OF SOURCE (Not an Acronym)

Great West Life & Insurance Company

ADDRESS (Business Address Acceptable)

8515 East Orchard Road, Greenwood Village, CO80111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retirement record keeping services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 30 / 15	\$ 120.00	dinner & entertainment @ annual NAGDCA conference

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

MUFG Union Bank, N.A.

ADDRESS (Business Address Acceptable)

700 L Street, Suite 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Banking services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 15	\$ 157.22	dinner @ annual CACTTC conference

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

___ / ___ / ___	\$ _____	_____
-----------------	----------	-------

Filer's Verification

Print Name Rita Woodard

Office, Agency or Court County of Tulare

Statement Type ☒ 2015/2016 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/09/2017 02:14 PM
(month, day, year)

Filer's Signature Electronic Submission

Comments: _____

AMENDMENT

COVER PAGE

Filed Date: 03/15/2016 02:46 PM
SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodard Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Tulare

Division, Board, Department, District, if applicable

Your Position

Auditor-Controller/Treasurer-Tax Collector/Registrar of Voters Auditor-Controller

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Tulare

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is / through December 31, 2015.

☐ **Leaving Office:** Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is / through the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

221 S. Mooney Blvd., Room 101-E Visalia CA 93291

DAYTIME TELEPHONE NUMBER

(559) 636-5200

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/15/2016 02:46 PM

(month, day, year)

Signature Electronic Submission

(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
EXPANDED STATEMENT LIST**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right;">Rita Woodard</div>

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller/Registrar of Voters	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/15 - 12/31/15
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/15 - 12/31/15

SCHEDULE D

Income – Gifts

► NAME OF SOURCE (Not an Acronym)

Great-West Life & Insurance Company

ADDRESS (Business Address Acceptable)

8515 East Orchard Road, Greenwood Village, CO 80111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retirement record keeping services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 30 / 15	\$ 120.00	dinner & entertainment @ annual NAGDCA conference
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

MUFG Union Bank, N.A.

ADDRESS (Business Address Acceptable)

700 L Street, Suite 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Banking services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 15	\$ 157.22	dinner @ CACTTC conference
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Filer's Verification

Print Name Rita Woodard

Office, Agency or Court County of Tulare

Statement Type ☒ 2015/2016 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/15/2016 02:46 PM
(month, day, year)

Filer's Signature Electronic Submission

Comments: _____

COVER PAGE

Filed Date: 02/13/2017 03:31 PM
SAN: 101500116-STH-0116

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodard Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Tulare

Division, Board, Department, District, if applicable

Your Position

Auditor-Controller/Treasurer-Tax Collector

Auditor-Controller

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of Tulare
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
221 S. Mooney Blvd., Room 101-E Visalia CA 93291
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(559) 636-5200

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/13/2017 03:31 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Rita Woodard	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller/Registrar of Voters	County of Tulare	Annual	01/01/16 - 12/31/16
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Annual	01/01/16 - 12/31/16
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer/Tax-Collector	County of Tulare	Annual	01/01/16 - 12/31/16



Woodard Rita

Auditor-Controller

Auditor-Controller/Treasurer-Tax Collector

County of Tulare

Form: 700-L Leaving Office - Statement of Economic Interests

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Woodard Rita

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Tulare County Auditor-Controller-Treasurer-Tax Collector Auditor-Controller-Treasurer-Tax Collector

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attachment

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Tulare

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is / / through December 31, 2016.

☒ Leaving Office: Date Left 10 / 06 / 2017
(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is / / through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

221 S. Mooney Blvd. Room 101-E

Visalia

CA

93291

DAYTIME TELEPHONE NUMBER

(559) 636-5200

E-MAIL ADDRESS

rwoodard@co.tulare.ca.us

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 10/02/2017
(month, day, year)

Signature

(File the originally signed statement with your filing official)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT**

California Form 700
Name: Rita Woodard

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	type of statement	Period Covered
County of Tulare	Defined Contribution Committee	Auditor-Controller	County of Tulare	Leaving	01/01/17-10/06/17
County of Tulare	Treasury Oversight Committee	Auditor-Controller	County of Tulare	Leaving	01/01/17-10/06/17
County of Tulare	Employees Retirement Board	Member 1 - County Treasurer-Tax Collector	County of Tulare	Leaving	01/01/17-10/06/17